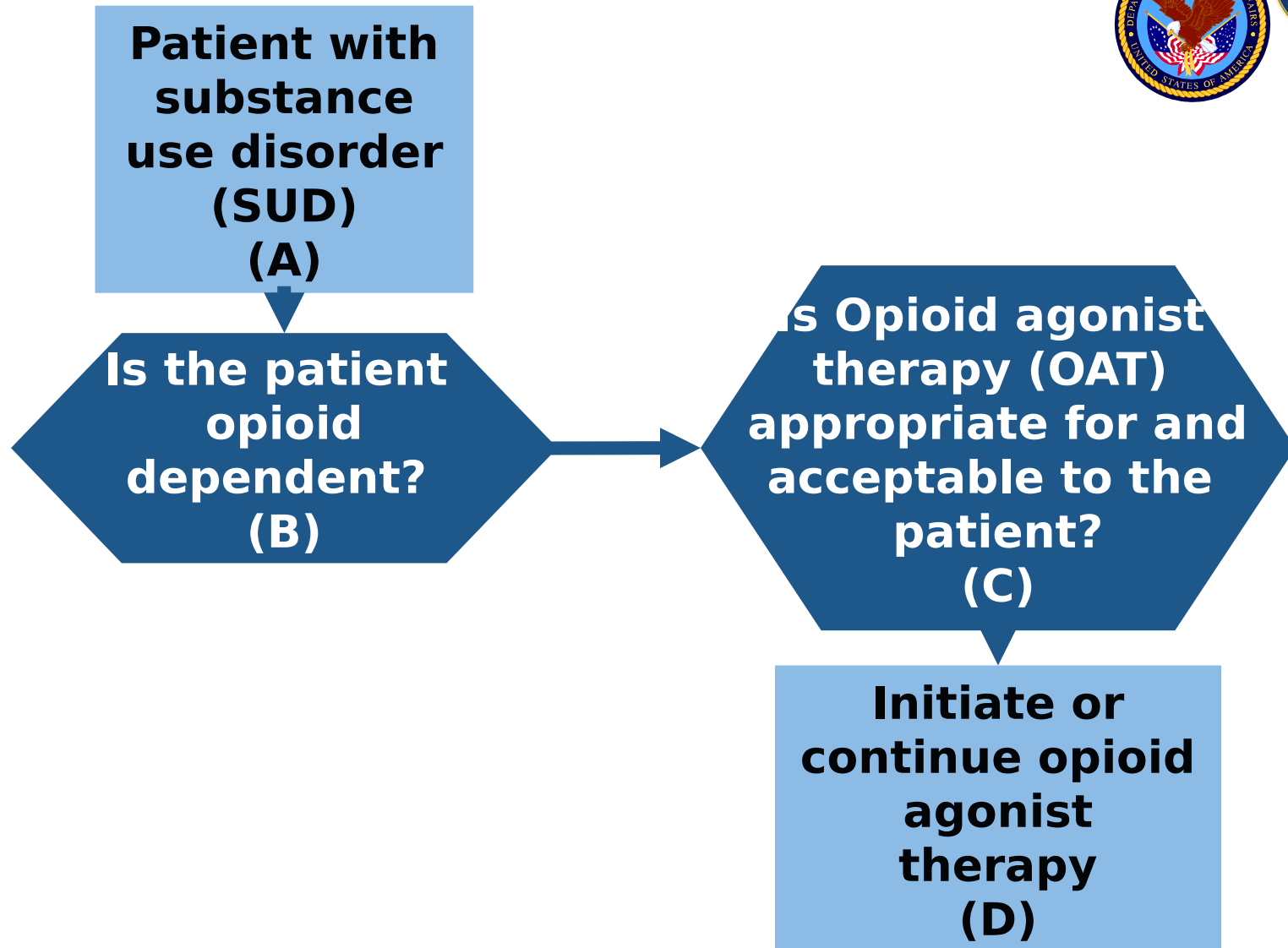




Management of Substance Use Disorder

Module P: Addiction-Focused
Pharmacotherapy



Initiate or continue opioid agonist therapy

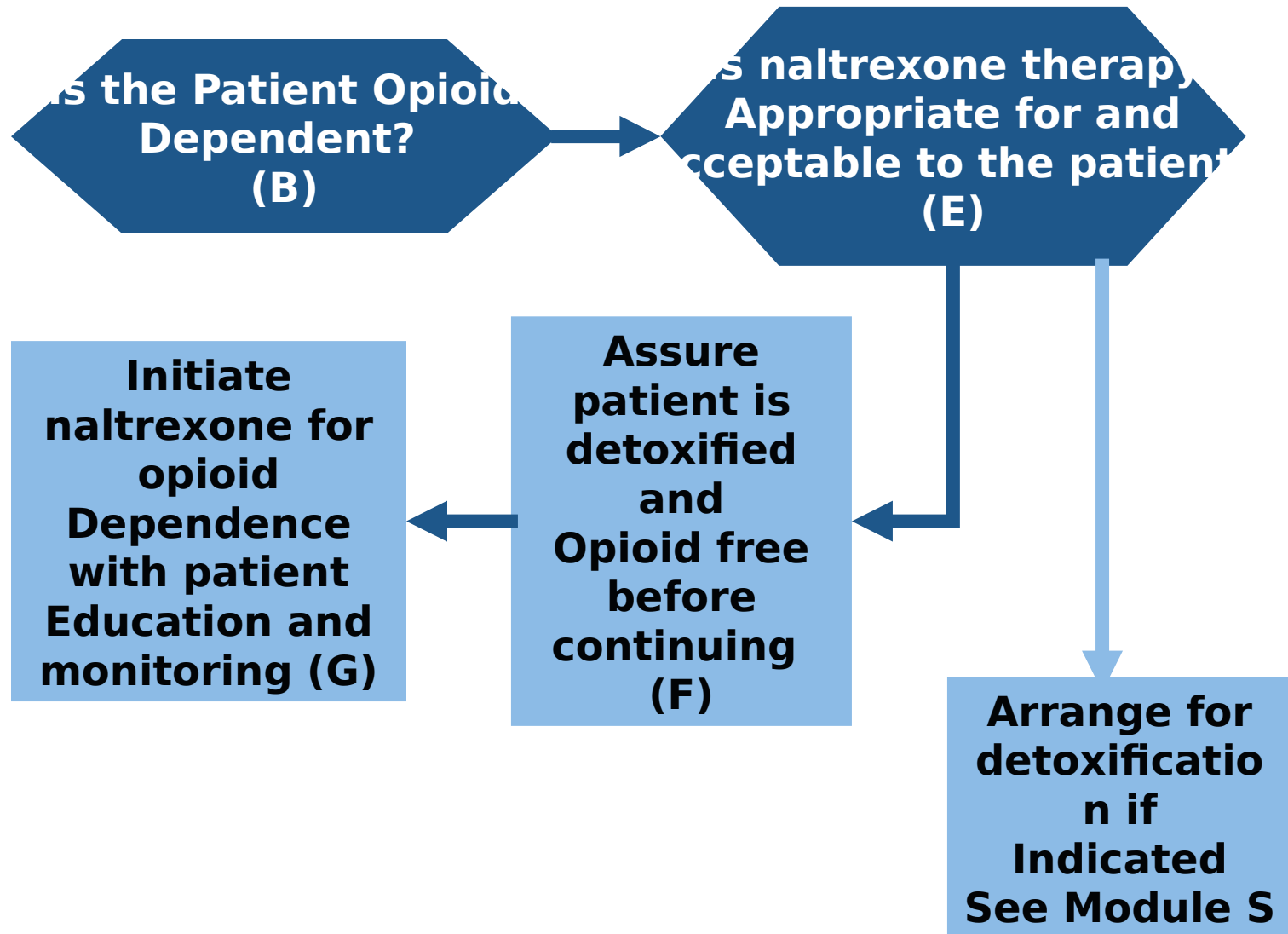


- Available since 1960's BUT confined to Opioid Treatment Programs, under federal and state controls.
- Most effective medication in treating addiction, when used in well-run treatment program.

Indications for OAT



- Opioid dependence > 1 year
- 2 or more unsuccessful opioid detoxification episodes within a 12-month period
- Relapse to opioid dependence within 2 years from OAT discharge





- Naltrexone has no positive psychoactive effects. Some highly motivated patients can be successful using naltrexone therapy.



- Subpopulations with better prognosis for response include:
 - Patients highly motivated for abstinence
 - Patients in the criminal justice system, with monitored administration
 - Health care workers with employment-related monitoring

Indications for Naltrexone



- Ability to achieve at least 7-10 days of abstinence to rule out the need for detoxification



**Is the patient alcohol
Dependent?
(H)**



**Is Pharmacotherapy
for Alcohol Dependence
Indicated?
(I)**



**Initiate pharmacotherapy
for
Alcohol dependence with
patient
Education monitoring
(J)**

Indications for Naltrexone in the Treatment of Alcohol Dependence



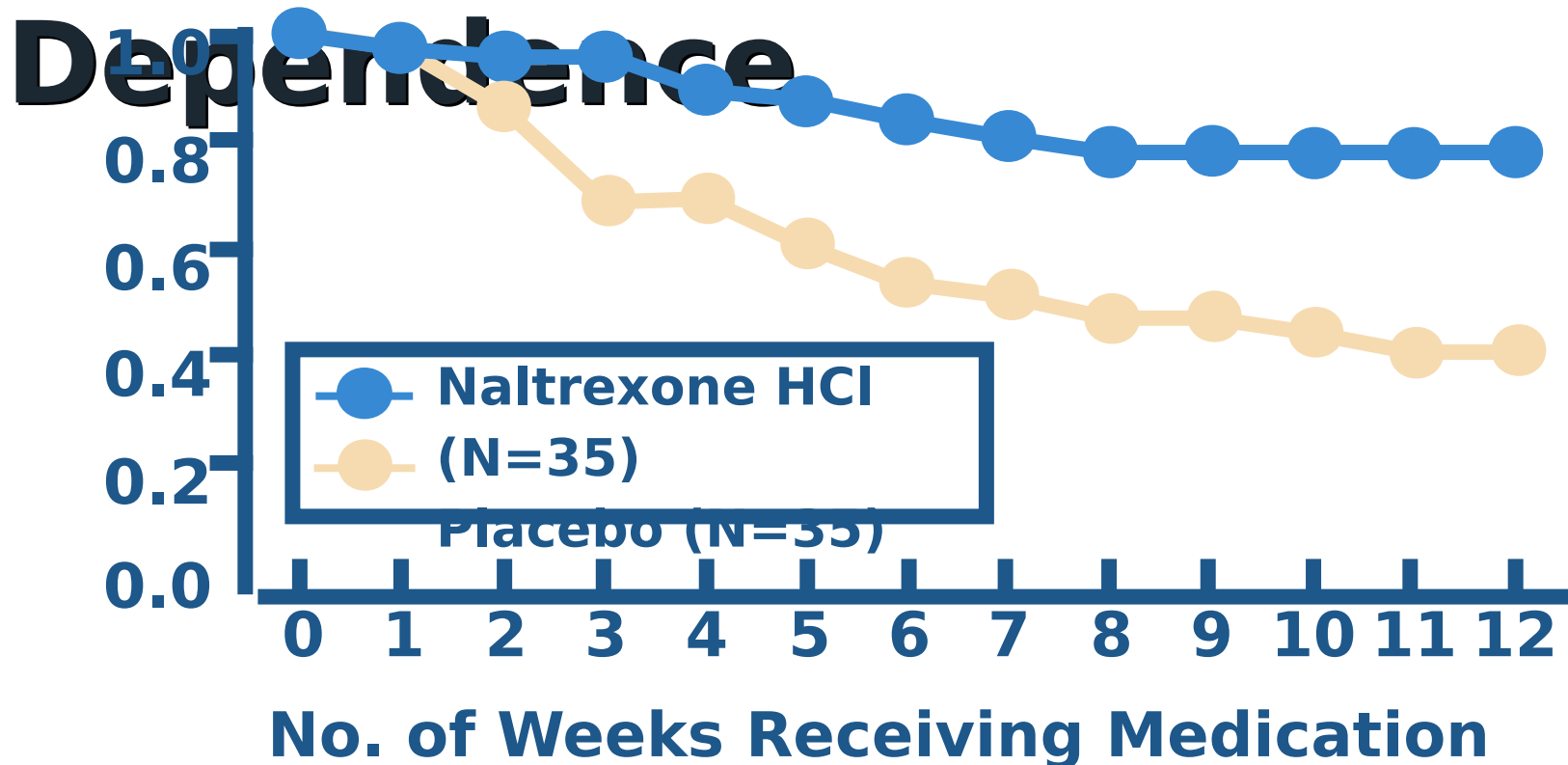
- Ability to achieve at least 3-5 days of abstinence to rule out the need for detoxification
- Drinking within the past 30 days and/or reports of craving
- Most effective when the patient is engaged in addiction-focused counseling

Indications for Disulfiram in the Treatment of Alcohol Dependence



- Alcohol dependence with:
 - Abstinence >24 hours
 - Combined cocaine and alcohol
 - Failure of or contraindication to naltrexone
 - Previous response to disulfiram

Naltrexone in the Treatment of Alcohol



Volpicelli et al. Arch Gen Psychiatry. 1992;49:876-880